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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	60314-226
First Named Inventor	Jeffrey Alan Millington
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 088,017
Filing Date	March 13, 2002
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NAVIGATION SYSTEM WITH USER INTERFACE**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
PCT/US/09779	PCT	May 5, 1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional, provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below

Name <b>John E. Carlson</b>		
Address <b>400 W. Maple Road</b>		
Address <b>Suite 350</b>		
City <b>Birmingham</b>	State <b>Michigan</b>	ZIP <b>48009</b>
Country <b>United States</b>	Telephone <b>(248) 988-8360</b>	Fax <b>(248) 988-8363</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Jeffrey Alan</u> (first and middle [if any])		Family Name <u>Millington</u> or Surname	
Inventor's Signature 	<u>MF</u>		Date <b>8/28/2002</b>
Residence: City <b>Rochester Hills</b>	State <b>MI</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>3390 Greenwood Drive</b>			
Mailing Address			
City <b>Rochester Hills</b>	State <b>MI</b>	ZIP <b>48309</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Kenneth Glenn</u> (first and middle [if any])		Family Name <u>Maxwell</u> or Surname	
Inventor's Signature			Date <b>—</b>
Residence: City <b>Port Huron</b>	State <b>MI</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>3022 Lindsay Lane</b>			
Mailing Address			
City <b>Port Huron</b>	State <b>MI</b>	ZIP <b>48060</b>	Country <b>USA</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address belowJohn E. Carlson  
Name400 W. Maple Road  
AddressSuite 350  
Address

City <b>Birmingham</b>	State <b>Michigan</b>	ZIP <b>48009</b>
Country <b>United States</b>	Telephone <b>(248) 988-8360</b>	Fax <b>(248) 988-8363</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned Inventor

Given Name <b>Jeffrey Alan</b> (first and middle (if any))	Family Name <b>Millington</b> or Surname
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Inventor's Signature	Date
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Residence: City <b>Rochester Hills</b>	State <b>MI</b>	Country <b>USA</b>	Citizenship <b>USA</b>
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Mailing Address <b>3390 Greenwood Drive</b>
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Mailing Address
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City <b>Rochester Hills</b>	State <b>MI</b>	ZIP <b>48309</b>	Country <b>USA</b>
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <b>Kenneth Glenn</b> (first and middle (if any))	Family Name <b>Maxwell</b> or Surname
--	--

Inventor's Signature <b>Kenneth E. Maxwell</b>	Date <b>9-3-02</b>
--	--------------------

Residence: City <b>Croswell</b>	State <b>MI</b>	Country <b>USA</b>	Citizenship <b>USA</b>
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Mailing Address <b>5886 Wellman Line Road</b>
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Mailing Address
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City <b>Croswell</b>	State <b>MI</b>	ZIP <b>48422</b>	Country <b>USA</b>
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 3 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		Mouser	
Inventor's Signature			
Residence: City	Ortonville	State	MI
Country	USA	Citizenship	USA
2451 Clinton Hills Road Mailing Address			
Mailing Address			
City Ortonville		State MI	ZIP 48462
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

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**DECLARATION****REGISTERED PRACTITIONER  
INFORMATION  
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
Theodore W. Olds	<u>33,080</u>		
John E. Carlson	<u>37,794</u>		
David J. Gaskey	<u>37,139</u>		
Kerrie A. Laba	<u>42,777</u>		
William S. Gottschalk	<u>44,130</u>		
David L. Wisz	<u>46,350</u>		
Karin H. Butchko	<u>45,864</u>		
John M. Siragusa	<u>46,174</u>		
Anthony P. Cho	<u>47,209</u>		

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